

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>09/937272</b>	<small>FILING DATE</small> <b>24 SEP 2001</b>					
							<small>APPLICANT(S)</small> <i>Agami</i>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				0			54						
5				0			55						
6				0			56						
7				0			57						
8				0			58						
9				0			59						
10				0			60						
11				0			61						
12				0			62						
13				0			63						
14				0			64						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.				14			TOTAL DEP.						
TOTAL CLAIMS			15				TOTAL CLAIMS						